

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

W-02104A
Voyager Water Company
8701 S Kolb Road
Tucson, AZ 85756

ANNUAL REPORT
Water

FOR FISCAL YEAR ENDING

09	30	2010
----	----	------

FOR COMMISSION USE

ANN 04	10
--------	----

2-22-11

COMPANY INFORMATION

Company Name (Business Name) Voyager Water Company

Mailing Address 8701 S Kolb Road Tucson Arizona 85756
(Street) (City) (State) (Zip)

520-574-5002 520-574-5390
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address richard_gieseler@equitylifestyle.com

Local Office Mailing Address SAME
(Street)

(City) (State) (Zip)

Local Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address _____

MANAGEMENT INFORMATION

☐ **Regulatory Contact:**

☐ **Management Contact:** Richard Gieseler Controller
(Name) (Title)

8701 S Kolb Road Tucson Arizona 85756
(Street) (City) (State) (Zip)

520-574-5002 520-574-5390
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address richard_gieseler@equitylifestyle.com

On Site Manager: Karen Hartwell c/o YL Technologies
(Name)

HC 70 Box 3601 Tucson Arizona 85706
(Street) (City) (State) (Zip)

520-625-1671 520-685-1922
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address _____

Statutory Agent: Corporation Services Company
(Name)

2338 W. Royal Palm Rd. Suite J Phoenix AZ 85021
(Street) (City) (State) (Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Attorney: Michael McNulty
(Name)

1 S Church Street Tucson Arizona 85701
(Street) (City) (State) (Zip)

520-622-2090
Telephone No. (Include Area Code)

520-622-3088
Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address _____

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietor (S) | <input checked="" type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input checked="" type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

COMPANY NAME: VOYAGER WATER COMPANY

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights	87,739		87,739
304	Structures and Improvements	8,964	4,383	4,581
307	Wells and Springs	490,735	335,876	154,859
311	Pumping Equipment	225,956	98,464	127,492
320	Water Treatment Equipment	12,424	2,590	9,834
330	Distribution Reservoirs and Standpipes	440,267	267,386	172,881
331	Transmission and Distribution Mains	520,225	129,571	390,654
333	Services	760,016	179,899	580,117
334	Meters and Meter Installations	385,595	81,483	304,112
335	Hydrants	152,503	28,363	124,140
336	Backflow Prevention Devices	2,901	1,289	1,612
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	14,875	2,684	12,191
341	Transportation Equipment	14,139	2,552	11,587
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	3,116,339	1,134,540	1,981,799

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME:

VOYAGER WATER COMPANY

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2) **	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights	87,739		
304	Structures and Improvements	8,964	5%	448
307	Wells and Springs	490,735	5%	17,537
311	Pumping Equipment	225,956	5%	7,570
320	Water Treatment Equipment	12,424	5%	621
330	Distribution Reservoirs and Standpipes	440,267	5%	22,013
331	Transmission and Distribution Mains	520,225	5%	26,011
333	Services	760,016	5%	38,001
334	Meters and Meter Installations	385,595	5%	19,280
335	Hydrants	152,503	5%	7,625
336	Backflow Prevention Devices	2,901	5%	145
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	14,875	5%	744
341	Transportation Equipment	14,139	5%	707
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	3,116,339		140,702

This amount (less current year amortization of Contributions in Aid of Construction) goes on the Comparative Statement of Income and Expense Acct. No. 403.

** 1/2 year convention on depreciation (1/2 year depreciation on new assets, 1/2 year on retirements)

COMPANY NAME: VOYAGER WATER COMPANY

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF YEAR 09/30/09	BALANCE AT END OF YEAR 9/30/2010
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 524,648	\$625,623
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable	45,142	49,033
146	Notes/Receivables from Associated Companies	298	
151	Plant Material and Supplies	3,118	
162	Prepayments	450	450
174	Miscellaneous Current and Accrued Assets	478	338
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 574,134	\$675,444
	FIXED ASSETS		
101	Utility Plant in Service	\$ 3,116,339	\$3,116,339
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	(993,581)	(1,134,540)
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$ 2,122,758	\$1,981,799
	TOTAL ASSETS	\$ 2,696,892	\$2,657,243

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

COMPANY NAME:

VOYAGER WATER COMPANY

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR 09/30/09	BALANCE AT END OF YEAR 09/30/10
	LIABILITIES		
	CURRENT LIABILITIES		
231	Accounts Payable	\$ 2,360	\$17,359
232	Notes Payable (Current Portion)	18,796	17,005
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes	66,795	36,135
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities	24,527	2,663
	TOTAL CURRENT LIABILITIES	\$ 112,478	73,162
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$ 43,971	\$27,481
	DEFERRED CREDITS		
251	Unamortized Premium on Debt		
252	Advances in Aid of Construction	\$ 1,501,849	\$1,364,655
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction	707,345	827,859
272	Less: Amortization of Contributions	(88,418)	(129,811)
281	Accumulated Deferred Income Tax	44,000	38,000
	TOTAL DEFERRED CREDITS	\$ 2,164,776	\$2,100,703
	TOTAL LIABILITIES	\$ 2,321,225	\$2,201,346
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ 20,000	\$20,000
211	Paid in Capital in Excess of Par Value	310,702	310,702
215	Retained Earnings	44,965	125,195
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$ 375,667	\$455,897
	TOTAL LIABILITIES AND CAPITAL	\$ 2,696,892	\$2,657,243

COMPANY NAME: VOYAGER WATER COMPANY

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR Ending 09/30/09	CURRENT YEAR Ending 09/30/10
461	Metered Water Revenue	\$ 532,123	\$543,882
460	Unmetered Water Revenue		
474	Other Water Revenues	34,381	32,554
	TOTAL REVENUES	\$ 566,504	\$ 576,436
	OPERATING EXPENSES		
601	Salaries and Wages		
610	Purchased Water		
615	Purchased Power	\$ 50,847	\$57,277
618	Chemicals		
620	Repairs and Maintenance	44,927	15,573
621	Office Supplies and Expense	10,486	8,614
630	Outside Services	122,899	170,196
635	Water Testing	2,040	2,110
641	Rents	3,510	4,275
650	Transportation Expenses		
657	Insurance – General Liability	7,731	1,425
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
670	Bad Debt Expense	4,173	1,855
675	Miscellaneous Expense	12,606	12,726
403	Depreciation Expense	106,175	99,707
408	Taxes Other Than Income		
408.11	Property Taxes	24,917	27,995
409	Income Tax	85,967	89,831
	TOTAL OPERATING EXPENSES	\$ 476,278	\$491,584
	OPERATING INCOME/(LOSS)	\$ 90,226	\$84,852
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$ 1,516	
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense	(6,464)	(4,622)
	TOTAL OTHER INCOME/(EXPENSE)	\$ (4,948)	\$(4,622)
	NET INCOME/(LOSS)	\$ 85,278	\$80,230

COMPANY NAME: VOYAGER WATER COMPANY

SUPPLEMENTAL FINANCIAL DATA

Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued	04/01/1981	03/02/2003		
Source of Loan	Individual	Bank		
ACC Decision No.				
Reason for Loan	Acquire Plant	Refinance		
Dollar Amount Issued	\$ 53,400	\$ 139,296	\$	\$
Amount Outstanding	\$ 0	\$44,486	\$	\$
Date of Maturity	09/15/2010	03/02/2013		
Interest Rate	11.5%	7.25%	%	%
Current Year Interest	\$ 334	\$ 4,288	\$	\$
Current Year Principal	\$ 2,977	\$ 15,304	\$	\$

Meter Deposit Balance at Test Year End \$ _____

Meter Deposits Refunded During the Test Year \$ _____

COMPANY NAME:	VOYAGER WATER COMPANY
Name of System:	ADEQ Public Water System Number:

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
55-606051	30	160	500	8	4	1972
55-508553	125	800	800	12	8	1985
55-563268	12	700	800	12	6	1997

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
15	2	75	
30	4		
10	2		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
200,000	2	3,000	3
330,000	1		

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPAN NAME:	VOYAGER WATER COMPANY
Name of System:	ADEQ Public Water System Number:

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS		
Size (in inches)	Material	Length (in feet)
2		
3		
4	PVC	1,231
5		
6	PVC	10,408
8	PVC	19,346
10		
12	PVC	4,720
6	AC	2,925
8	DIP	171

CUSTOMER METERS	
Size (in inches)	Quantity
5/8 X 3/4	1158
3/4	
1	12
1 1/2	1
2	5
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	2
Comp. 6	
Turbo 6	3

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT: 3 Chlorinators

Continious_Model_3075_PPG

STRUCTURES: Fencing and Walls

OTHER: N/A

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME:	VOYAGER WATER COMPANY
Name of System:	ADEQ Public Water System Number:

WATER USE DATA SHEET BY MONTH FOR FISCAL YEAR 2010

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
OCTOBER	1126	13,561	14,404	
NOVEMBER	1130	11,025	11,785	
DECEMBER	1125	12,546	13,379	
JANUARY	1132	11,402	12,199	
FEBRUARY	1132	10,285	11,047	
MARCH	1147	12,176	13,858	
APRIL	1159	12,693	13,524	
MAY	1159	12,374	13,120	
JUNE	1159	14,696	15,698	
JULY	1173	13,493	14,426	
AUGUST	1174	11,583	12,212	
SEPTEMBER	1181	12,681	13,703	
TOTALS →		148,515	159,355	

What is the level of arsenic for each well on your system? _____ mg/l

(If more than one well, please list each separately.) See attached

If system has fire hydrants, what is the fire flow requirement? 1,000 GPM for ____ hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

(X) Yes () No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

(X) Yes () No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

() Yes (X) No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME:	VOYAGER WATER COMPANY
Name of System:	ADEQ Public Water System Number:

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
OCTOBER			
NOVEMBER			
DECEMBER			
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
TOTALS →			

OTHER (description):

COMPANY NAME VOYAGER WATER COMPANY YEAR ENDING 09/30/2010

PROPERTY TAXES

Amount of actual property taxes paid during Fiscal Year 2010 was: \$ 25,495

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the fiscal year.

If no property taxes paid, explain why. _____

**VERIFICATION
AND
SWORN STATEMENT**
Taxes

VERIFICATION

STATE OF ARIZONA
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)
Pima
NAME (OWNER OR OFFICIAL) TITLE
Richard Gieseler, Controller
COMPANY NAME
Voyager Water Company

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE FISCAL YEAR ENDING

MONTH	DAY	YEAR
09	30	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.



SIGNATURE OF OWNER OR OFFICIAL

520-574-5002

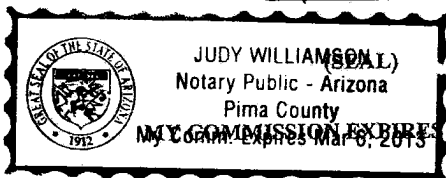
TELEPHONE NUMBER

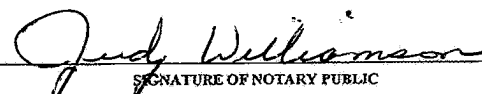
SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 15th DAY OF

COUNTY NAME	
Pima	
MONTH Feb	2011





SIGNATURE OF NOTARY PUBLIC

3-6-2013

COMPANY NAME VOYAGER WATER COMPANY YEAR ENDING 09/30/2010

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported \$ 259,482
Estimated or Actual Federal Tax Liability \$ 77,613

State Taxable Income Reported \$ 251,516
Estimated or Actual State Tax Liability \$ 17,526

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances _____
Amount of Gross-Up Tax Collected _____
Total Grossed-Up Contributions/Advances _____

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

 1/18/11
SIGNATURE DATE

MARGUERITE NADER PRESIDENT
PRINTED NAME TITLE

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

RECEIVED

FEB 11 2011

ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)
Pima
NAME (OWNER OR OFFICIAL) TITLE
Richard Gieseler, Controller
COMPANY NAME
Voyager Water Company

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE FISCAL YEAR ENDING

MONTH	DAY	YEAR
09	30	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT


IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING FISCAL YEAR 2010 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 613,468

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 37,032
IN SALES TAXES BILLED, OR COLLECTED)

**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

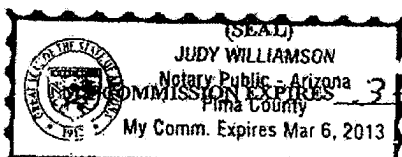

SIGNATURE OF OWNER OR OFFICIAL
520-514-5002
TELEPHONE NUMBER


SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS **15th** DAY OF

COUNTY NAME		
Pima		
MONTH	Feb	2011




SIGNATURE OF NOTARY PUBLIC

RECEIVED

ACC UTILITIES DIRECTOR

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
Intrastate Revenues Only**

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <u>Pima</u>	
NAME (OWNER OR OFFICIAL) <u>Richard Gieseler</u>	TITLE <u>Controller</u>
COMPANY NAME <u>Voyager Water Company</u>	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION
FOR THE FISCAL YEAR ENDING

MONTH	DAY	YEAR
09	30	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

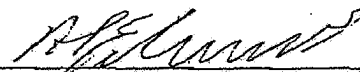
SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING FISCAL YEAR 2010 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ <u>308,839</u>

THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 18729
IN SALES TAXES BILLED, OR COLLECTED)

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.


SIGNATURE OF OWNER OR OFFICIAL

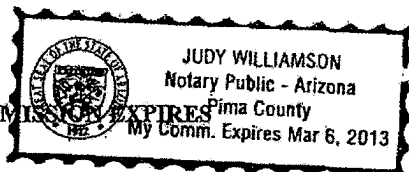
520-574-5002
TELEPHONE NUMBER

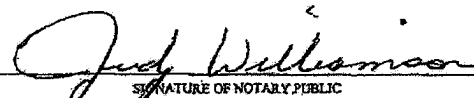
SUBSCRIBED AND SWORN TO BEFORE ME
A NOTARY PUBLIC IN AND FOR THE COUNTY OF
THIS 15th DAY OF

NOTARY PUBLIC NAME <u>Judy Williamson</u>	
COUNTY NAME <u>Pima</u>	
MONTH <u>Feb</u>	YEAR <u>2011</u>

(SEAL)

MY COMMISSION EXPIRES




SIGNATURE OF NOTARY PUBLIC

**VERIFICATION
AND
SWORN STATEMENT**
Intrastate Revenues Only

VERIFICATION
STATE OF ARIZONA
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)
Pima
NAME (OWNER OR OFFICIAL) TITLE
Richard Gieseler, Controller
COMPANY NAME
Voyager Water Company

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE FISCAL YEAR ENDING

MONTH	DAY	YEAR
09	30	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING FISCAL YEAR 2010 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 308,839

SB Residential

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 18,729
IN SALES TAXES BILLED, OR COLLECTED)

****REVENUE REPORTED ON THIS PAGE MUST
INCLUDE SALES TAXES BILLED OR
COLLECTED. IF FOR ANY OTHER REASON,
THE REVENUE REPORTED ABOVE DOES NOT
AGREE WITH TOTAL OPERATING REVENUES
ELSEWHERE REPORTED, ATTACH THOSE
STATEMENTS THAT RECONCILE THE
DIFFERENCE. (EXPLAIN IN DETAIL)**

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

15th

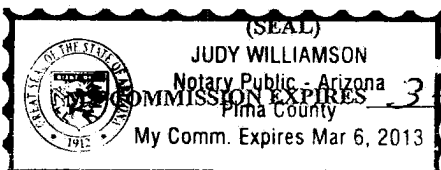
DAY OF

[Signature]

SIGNATURE OF OWNER OR OFFICIAL
520-574-5002

TELEPHONE NUMBER

COUNTY NAME
<i>Pima</i>
MONTH
<i>Feb</i>
YEAR
<i>2011</i>



[Signature]

SIGNATURE OF NOTARY PUBLIC

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE**
Intrastate Revenues Only

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) Pima	
NAME (OWNER OR OFFICIAL) Richard Gieseler	TITLE Controller
COMPANY NAME Voyager Water Company	

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION
FOR THE FISCAL YEAR ENDING**

MONTH	DAY	YEAR
09	30	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING FISCAL YEAR 2010 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ <u>613,468</u> <i>SB ACC</i>

THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 37,032
IN SALES TAXES BILLED, OR COLLECTED)

***RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.**

[Signature]
SIGNATURE OF OWNER OR OFFICIAL

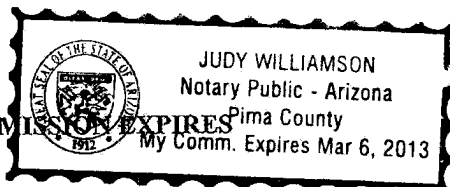
520-574-5002
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME
A NOTARY PUBLIC IN AND FOR THE COUNTY OF
THIS 15th DAY OF

NOTARY PUBLIC NAME <i>Judy Williamson</i>	
COUNTY NAME <i>Pima</i>	
MONTH <i>Feb</i>	20 <i>11</i>

(SEAL)

MY COMMISSION EXPIRES



[Signature]
SIGNATURE OF NOTARY PUBLIC

Arizona Department of Environmental Quality
Drinking Water Inorganic Chemical Analysis Report Form
Entry Point To the Distribution System (EPDS) Only

MAP 2010

PWS ID#: AZ0410035

PWS Name: Voyager RV Park

05/10/2010 1400 (24 hr Clock)
Sample Date Sample Time

Ike Isaacson

Owner/Contact Person

(520) 574-5308

Owner/Contact Fax Number

Owner/Contact Phone Number

Sample Type

☒ Compliance Monitoring

Sample Collection Point

☒ EPDS# 003

EPDS003

Sampling Site ID

For MCL or Composite Level Exceedance

Original Violation Specimen Number

Sample Type

☐ Confirmation

☐ Confirmation - Composite

INORGANIC CHEMICAL ANALYSIS

>>>To be completed by laboratory personnel<<<

Analysis Method	MCL	Reporting Limit	Contaminant Name Method	Cont. Code	Analysis Run Date	Results	Exceeds MCL	Exceeds Reporting Limit
<u>200.8</u>	<u>0.010</u>	<u>0.010</u>	Arsenic	<u>1005</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>2</u>	<u>2</u>	Barium	<u>1010</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.005</u>	<u>0.005</u>	Cadmium	<u>1015</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.1</u>	<u>0.1</u>	Chromium	<u>1020</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>4500F-C</u>	<u>4</u>	<u>4</u>	Fluoride	<u>1025</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>245.1</u>	<u>0.002</u>	<u>0.002</u>	Mercury	<u>1035</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>300.1</u>	<u>10</u>	<u>5</u>	Nitrate (as N)	<u>1040</u>	<u>05/11/2010</u>	<u>0.69</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>300.1</u>	<u>1</u>	<u>0.5</u>	Nitrite	<u>1041</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.05</u>	<u>0.05</u>	Selenium	<u>1045</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.006</u>	<u>0.006</u>	Antimony	<u>1074</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.004</u>	<u>0.004</u>	Beryllium	<u>1075</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>4500CN-F</u>	<u>0.2</u>	<u>0.2</u>	Cyanide	<u>1024</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.1</u>	<u>0.1</u>	Nickel*	<u>1036</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.002</u>	<u>0.002</u>	Thallium	<u>1085</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.7</u>	<u>No MCL</u>		Sodium*	<u>1052</u>			<input type="checkbox"/>	<input type="checkbox"/>

Laboratory Information

>>>To be completed by laboratory personnel<<<

Lab ID Number: AZ0455

Specimen Number: 2010051100031

Name: MWH Laboratories

Printed Name and Phone Number of Lab Contact: Thomas D. French (480) 778 1558

Authorized Signature: _____

Date Public Water System Notified: 5/22/2010

Comments: _____

MAP-2010 Sampler: Carl Valentine

All units must be reported in milligrams per liter (mg/L)

*Unregulated Contaminants

DWAR 2IN: Revised 8/2009

Arizona Department of Environmental Quality
Drinking Water Inorganic Chemical Analysis Report Form
Entry Point To the Distribution System (EPDS) Only

MAP 2010

PWS ID#: AZ0410035

PWS Name: Voyager RV Park

05/10/2010 1345 (24 hr Clock)
Sample Date Sample Time

Ike Isaacson

Owner/Contact Person

(520) 574-5308

Owner/Contact Fax Number

Owner/Contact Phone Number

Sample Type

☒ Compliance Monitoring

Sample Collection Point

☒ EPDS# 004

EPDS004

Sampling Site ID

For MCL or Composite Level Exceedance

Original Violation Specimen Number

Sample Type

☐ Confirmation

☐ Confirmation - Composite

INORGANIC CHEMICAL ANALYSIS

>>>To be completed by laboratory personnel<<<

Analysis Method	MCL	Reporting Limit	Contaminant Name Method	Cont. Code	Analysis Run Date	Results	Exceeds MCL	Exceeds Reporting Limit
<u>200.8</u>	<u>0.010</u>	<u>0.010</u>	Arsenic	<u>1005</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>2</u>	<u>2</u>	Barium	<u>1010</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.005</u>	<u>0.005</u>	Cadmium	<u>1015</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.1</u>	<u>0.1</u>	Chromium	<u>1020</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>4500F-C</u>	<u>4</u>	<u>4</u>	Fluoride	<u>1025</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>245.1</u>	<u>0.002</u>	<u>0.002</u>	Mercury	<u>1035</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>300.1</u>	<u>10</u>	<u>5</u>	Nitrate (as N)	<u>1040</u>	<u>05/11/2010</u>	<u>0.76</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>300.1</u>	<u>1</u>	<u>0.5</u>	Nitrite	<u>1041</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.05</u>	<u>0.05</u>	Selenium	<u>1045</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.006</u>	<u>0.006</u>	Antimony	<u>1074</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.004</u>	<u>0.004</u>	Beryllium	<u>1075</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>4500CN-F</u>	<u>0.2</u>	<u>0.2</u>	Cyanide	<u>1024</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.1</u>	<u>0.1</u>	Nickel*	<u>1036</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.002</u>	<u>0.002</u>	Thallium	<u>1085</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.7</u>	<u>No MCL</u>		Sodium*	<u>1052</u>			<input type="checkbox"/>	<input type="checkbox"/>

Laboratory Information

>>>To be completed by laboratory personnel<<<

Lab ID Number: AZ0455

Specimen Number: 201005110004I

Name: MWH Laboratories

Printed Name and Phone Number of Lab Contact:

Thomas D. French (480) 778 1558

Authorized Signature:

Date Public Water System Notified:

5/22/2010

Comments:

MAP-2010 Sampler: Carl Valentine

All units must be reported in milligrams per liter (mg/L)

*Unregulated Contaminants

DWAR 2IN: Revised 8/2009

Arizona Department of Environmental Quality
Drinking Water Inorganic Chemical Analysis Report Form
Entry Point To the Distribution System (EPDS) Only

MAP 2010

PWS ID#: AZ0410035

PWS Name: Voyager RV Park

05/10/2010 1350 (24 hr Clock)

Ike Isaacson

Sample Date Sample Time

Owner/Contact Person

(520) 574-5308

Owner/Contact Fax Number

Owner/Contact Phone Number

Sample Type

☒ Compliance Monitoring

Sample Collection Point

☒ EPDS# 002

EPDS002

Sampling Site ID

For MCL or Composite Level Exceedance

Original Violation Specimen Number

Sample Type

☐ Confirmation

☐ Confirmation - Composite

INORGANIC CHEMICAL ANALYSIS

>>>To be completed by laboratory personnel<<<

Analysis Method	MCL	Reporting Limit	Contaminant Name Method	Conf. Code	Analysis Run Date	Results	Exceeds MCL	Exceeds Reporting Limit
<u>200.8</u>	<u>0.010</u>	<u>0.010</u>	<u>Arsenic</u>	<u>1005</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>2</u>	<u>2</u>	<u>Barium</u>	<u>1010</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.005</u>	<u>0.005</u>	<u>Cadmium</u>	<u>1015</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.1</u>	<u>0.1</u>	<u>Chromium</u>	<u>1020</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>4500F-C</u>	<u>4</u>	<u>4</u>	<u>Fluoride</u>	<u>1025</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>245.1</u>	<u>0.002</u>	<u>0.002</u>	<u>Mercury</u>	<u>1035</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>300.1</u>	<u>10</u>	<u>5</u>	<u>Nitrate (as N)</u>	<u>1040</u>	<u>05/11/2010</u>	<u>0.86</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>300.1</u>	<u>1</u>	<u>0.5</u>	<u>Nitrite</u>	<u>1041</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.05</u>	<u>0.05</u>	<u>Selenium</u>	<u>1045</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.006</u>	<u>0.006</u>	<u>Antimony</u>	<u>1074</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.004</u>	<u>0.004</u>	<u>Beryllium</u>	<u>1075</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>4500CN-F</u>	<u>0.2</u>	<u>0.2</u>	<u>Cyanide</u>	<u>1024</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.1</u>	<u>0.1</u>	<u>Nickel*</u>	<u>1036</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.002</u>	<u>0.002</u>	<u>Thallium</u>	<u>1085</u>			<input type="checkbox"/>	<input type="checkbox"/>
<u>200.7</u>	<u>No MCL</u>		<u>Sodium*</u>	<u>1052</u>			<input type="checkbox"/>	<input type="checkbox"/>

Laboratory Information

>>>To be completed by laboratory personnel<<<

Lab ID Number: AZ0455

Specimen Number: 2010051100021

Name: MWH Laboratories

Printed Name and Phone Number of Lab Contact:

Thomas D. French (480) 778 1558

Authorized Signature: _____

Date Public Water System Notified:

5/22/2010

Comments: _____

MAP-2010 Sampler: Carl Valentine

All units must be reported in milligrams per liter (mg/L)

*Unregulated Contaminants

DWAR 2IN: Revised 8/2009

Beth Ford
Pima County Treasurer



Patti Davidson
Chief Deputy Treasurer

PIMA COUNTY TREASURER'S OFFICE

PIMA COUNTY TAX RECEIPT

VOYAGER WATER CO
8701 S KOLB RD
TUCSON, AZ 85706

THIS IS YOUR RECEIPT FOR PAYMENT(S) OF 2009 PERSONAL PROPERTY TAXES

REFERENCE NO

09012213414

TOTAL TAX ASSESSED

\$ 1,341.22

DATE

10/30/2009

PAYMENTS

PAYMENT DATE	DESCRIPTION	TAX	INTEREST	MHR FEE	SEIZE FEE	NSF FEE	RECLAIMED REFUNDS	TOTAL
10/18/2009	FIRST HALF	\$512.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$512.17
	TOTAL PAID	\$512.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$512.17

TAX YEAR 2009 BALANCE DUE

DESCRIPTION	AMOUNT
FIRST HALF TAX DUE	\$58.44
SECOND HALF TAX DUE	\$670.61
MOBILE HOME RELOCATION FEE DUE	\$0.00
SHERIFF SEIZURE FEE DUE	\$0.00
NSF FEE DUE	\$0.00
RECLAIMED REFUND DUE	\$0.00
TOTAL AMOUNT DUE	\$729.05

ADDITIONAL INFORMATION

FIRST HALF TAXES ARE DUE 10/01/2009 AND DELINQUENT AFTER 11/02/2009. SECOND HALF TAXES ARE DUE 03/01/2010 AND DELINQUENT AFTER 05/03/2010. INTEREST CHARGES ACCRUE FOR PAYMENTS MADE AFTER DELINQUENCY DATES. FOR PAYMENT INFORMATION AFTER DELINQUENCY DATES, PLEASE CALL (520) 740-8341 OR VISIT WWW.TO.PIMA.GOV

Thank you for your payment!

BETH FORD
PIMA COUNTY TREASURER

115 North Church Avenue - Tucson, Arizona 85701-1199 - Phone (520) 740-8341 - Fax (520) 884-4809

PIMA COUNTY TREASURER'S OFFICE**TAX PAYMENT RECEIPT**

Paid Date 10/30/2009
Batch Number I091030042
Paid by Code 01

VOYAGER WATER COMPANY
8701 S KOLB RD
TUCSON, AZ 85706

Method Amount
CK \$12,277.81

Total Amount Paid \$12,277.81
Total Tax Amount Paid \$12,277.81
Total Interest Amount Paid \$0.00
Total Refund Due \$0.00

PARCEL NUMBER	TAX PAID	INTEREST PAID	TOTAL PAID	PAYMENT TYPE	LEGAL DESCRIPTION
908320000	\$11,950.36	\$0.00	\$11,950.36	FIRST HALF	TOTAL VALUE OF OPERATING PROPERTY - TAXPAYER GROUP NO 083
141240170	\$269.01	\$0.00	\$269.01	FIRST HALF	ROSS ACRES LOT 14 SUBJ TO HWY ESMT OVER NELY 130'
14123003X	\$58.44	\$0.00	\$58.44	FIRST HALF	70' X 115' PCL IN CTR SW4 SE4 .18 AC SEC 29-15-15

Beth Ford
Pima County Treasurer



Patti Davidson
Chief Deputy Treasurer

PIMA COUNTY TREASURER'S OFFICE

PIMA COUNTY TAX RECEIPT

VOYAGER WATER CO
8701 S KOLB RD
TUCSON AZ 85706

THIS IS YOUR RECEIPT FOR PAYMENT(S) OF 2009 REAL ESTATE TAXES

BOOK	MAP	PARCEL	TOTAL TAX ASSESSED	DATE
141	23	003X	\$ 116.88	3/19/2010

PAYMENTS					
PAYMENT DATE	DESCRIPTION	TAX PAID	INTEREST PAID	FEES PAID	TOTAL
03/17/2010	SECOND HALF	\$58.44	\$0.00	\$0.00	\$58.44
TOTAL PAID		\$58.44	\$0.00	\$0.00	\$58.44

PROPERTY ADDRESS

TAX YEAR 2009 BALANCE DUE

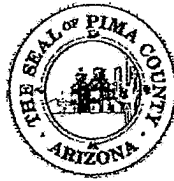
DESCRIPTION	AMOUNT
FIRST HALF TAX DUE	\$0.00
SECOND HALF TAX DUE	\$0.00
NSF FEE DUE	\$0.00
RECLAIMED REFUND DUE	\$0.00
TOTAL AMOUNT DUE	\$0.00

Thank you for your payment!

BETH FORD
PIMA COUNTY TREASURER

115 North Church Avenue - Tucson, Arizona 85701-1199 - Phone (520) 740-8341 - Fax (520) 884-4809

Beth Ford
Pima County Treasurer



Patti Davidson
Chief Deputy Treasurer ✓

PIMA COUNTY TREASURER'S OFFICE

PIMA COUNTY TAX RECEIPT

VOYAGER WATER COMPANY
8701 S KOLB RD
TUCSON AZ 85706-9607

THIS IS YOUR RECEIPT FOR PAYMENT(S) OF 2009 REAL ESTATE TAXES

BOOK	MAP	PARCEL	TOTAL TAX ASSESSED	DATE
141	24	0170	\$ 538.01	3/19/2010

PAYMENTS					
PAYMENT DATE	DESCRIPTION	TAX PAID	INTEREST PAID	FEES PAID	TOTAL
03/17/2010	SECOND HALF	\$269.00	\$0.00	\$0.00	\$269.00
	TOTAL PAID	\$269.00	\$0.00	\$0.00	\$269.00

PROPERTY ADDRESS
7690 E BENSON HY

TAX YEAR 2009 BALANCE DUE	
DESCRIPTION	AMOUNT
FIRST HALF TAX DUE	\$0.00
SECOND HALF TAX DUE	\$0.00
NSF FEE DUE	\$0.00
RECLAIMED REFUND DUE	\$0.00
TOTAL AMOUNT DUE	\$0.00

Thank you for your payment!

BETH FORD
PIMA COUNTY TREASURER

115 North Church Avenue - Tucson, Arizona 85701-1199 - Phone (520) 740-8341 - Fax (520) 884-4809

Beth Ford
Pima County Treasurer



Patti Davidson
Chief Deputy Treasurer

PIMA COUNTY TREASURER'S OFFICE

PIMA COUNTY TAX RECEIPT

VOYAGER WATER CO
ATTN: RICH GIESELER/CONTROLLER
8701 S KOLB ROAD
TUCSON AZ 85706-9607

THIS IS YOUR RECEIPT FOR PAYMENT(S) OF 2009 REAL ESTATE TAXES

BOOK	MAP	PARCEL	TOTAL TAX ASSESSED	DATE
908	32	0000	\$ 23,900.72	3/19/2010

PAYMENTS					
PAYMENT DATE	DESCRIPTION	TAX PAID	INTEREST PAID	FEES PAID	TOTAL
03/17/2010	SECOND HALF	\$11,950.36	\$0.00	\$0.00	\$11,950.36
TOTAL PAID		\$11,950.36	\$0.00	\$0.00	\$11,950.36

PROPERTY ADDRESS

TAX YEAR 2009 BALANCE DUE

DESCRIPTION	AMOUNT
FIRST HALF TAX DUE	\$0.00
SECOND HALF TAX DUE	\$0.00
NSF FEE DUE	\$0.00
RECLAIMED REFUND DUE	\$0.00
TOTAL AMOUNT DUE	\$0.00

Thank you for your payment!

BETH FORD
PIMA COUNTY TREASURER

115 North Church Avenue - Tucson, Arizona 85701-1199 - Phone (520) 740-8341 - Fax (520) 884-4809